



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

PESTICIDE SAMPLE COLLECTION REPORT

Rule 5E-2.041, F.A.C.

Respond to:

Florida Department of Agriculture  
and Consumer Services  
3125 Conner Blvd., Bldg. 8  
Tallahassee, FL 32399-1650

Date Received: \_\_\_\_\_ Laboratory Sample No: \_\_\_\_\_  
File Number: 114-223-4092 EPA Sample Number: PHY 101614 4092 0201  
File Name: Thomas Summersill, Inc.  
Brand Name: \_\_\_\_\_

EPA Reg. Number: \_\_\_\_\_ EPA Est. Number: \_\_\_\_\_  
☐ Documentary ☐ Formulation ☒ Soil ☐ Sediment ☐ Disinfectant ☐ Plant Matter ☐ Water  
☐ Use Dilution ☐ Animal Matter ☐ Container Residue ☐ Swab ☐ Other \_\_\_\_\_

Manufacturer (shown on label): \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Duda Farm Fresh foods 6000 Duda Rd Bella 6602 FL 33420  
Place Taken \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Taken: 10-16-14 at 3:55 AM/PM No. of Packages Sampled: \_\_\_\_\_  
Representing Quantity: \_\_\_\_\_ Package Size (lb., gal., etc.) \_\_\_\_\_

Batch / Lot No.: \_\_\_\_\_ Other Batches Present? ☐ Yes ☒ No  
Shipping Records Collected ☐ Yes ☒ No Stop Sale Issued? ☐ Yes ☒ No  
Was product agitated according to label directions before sampling? ☐ Yes ☒ No ☐ N/A

List active ingredient(s) and / or compounds to analyze for:  
B-cyfluthrin  
GPS Coordinates: N 26 31.705  
W 080 38.262  
Sample Container: \_\_\_\_\_  
Production No.: 1038277  
Container No.: 03029  
Inert ingredients not more than: \_\_\_\_\_ %

DESCRIPTION OF SAMPLE: CONSISTS OF 3202 BROWN NALGENE SOIL  
SAMPLE TAKEN. STAKE UNIT G BLOCK 4 EAST END.

The above sample was collected by:

- ☒ The State of Florida, and receipt is hereby acknowledged pursuant to section 487.071 of the Florida Pesticide Law, Chapter 487, Florida Statutes.  
☐ The State of Florida as agent for the U. S. E.P.A., and receipt is hereby acknowledged pursuant to Section 9.(a) of the Federal Insecticide, Fungicide and Rodenticide Act, as amended (7U.S.C. 136g).

Acknowledgment: The undersigned acknowledges that the sample above was obtained from:

- ☐ a pesticide or device that was packaged, labeled, and released for shipment  
☒ a pesticide or other material that was in his/her possession or employer's possession.

Signature: [Signature] Exemption 6 Personal Privacy

Signature: [Signature] Reason in Charge at Firm  
Specialist

Farm Manager  
Title  
ES II  
Title

Sample Delivered to: Greyhound Destination: FDACS Pkt 206

☒ Analyze ☐ Hold ☐ Discard Sample collected, preserved, and handled per FDACS standard operating procedure? ☒ Yes ☐ No

Luis Amador 10-20-14

Relinquished by Specialist \_\_\_\_\_ Date/Time \_\_\_\_\_ Received By \_\_\_\_\_ Date/Time \_\_\_\_\_ Relinquished by \_\_\_\_\_ Date/Time \_\_\_\_\_

DACS-13234 Rev. 03/12 Original - With Sample Copy - File Copy - Specialist Copy - Firm

REDACTED

PAGE 2 OF 2



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Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

AFFIDAVIT COMPLIANCE MONITORING PROGRAM

Rule 5E-2.041, F.A.C.

Respond to:  
Florida Department of Agriculture  
and Consumer Services  
3125 Conner Blvd., Bldg. 8  
Tallahassee, FL 32399-1650

State:

FLORIDA

County:

Palm Beach

City:

Belle Glade

Before me, a representative of the State of Florida, Department of Agriculture and Consumer Services, pursuant to: Chapter 487, F.S., and Chapters 5E-2 and 5E-9, F.A.C. (Florida Pesticide Law and Rules); Chapter 576, F.S., and Chapter 5E-1, F.A.C. (Florida Fertilizer Law and Rules); Chapter 578, F.S., and Chapter 5E-4, F.A.C. (Florida Seed Law and Rules); Chapter 580, F.S., and Chapter 5E-3, F.A.C. (Florida Feed Law and Rules) as read together, personally appeared

Exemption to Personal Privacy

\_\_\_\_\_ in the city, county and state aforesaid, who deposes under oath or affirmation and says:

WAS BAY THROID XL. I LOOKED UP MSDS SHEET AND PROVIDED THAT INFORMATION TO LABOR CONTRACTOR. WORKERS WERE PROVIDED TRANSPORTATION AND SOUGHT MEDICAL TREATMENT.

I hereby swear/affirm that the foregoing statement is true to the best of my knowledge

Exemption to Personal Privacy

Signature: \_\_\_\_\_

Title: FARM MANAGER

Firm Name: Duda FARM FRESH FOODS

Date: 10/16/14

Address: 6000 Duda Road

Belle Glade, FL 33430

Signature of Department Representative